

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006264

Entity Name: WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

Current Principal Place of Business:

367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

Current Mailing Address:

367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

FEI Number: 59-3480410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name OSTEEN, DEBRA K
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

Title VPD
Name FILTON, STEVE T
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

Title VPD
Name HARROD, LAURENCE
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

Title T
Name RAMAGANO, CHERLY K
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

Title SEC
Name KLEIN, MATTHEW D
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW D. KLEIN

SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date